

Name
in
Full

Clifford Roman Boston

Died at Denton County Maryland

Date of death 1907 7 6 Age 6 14

Sex Male Color or Race Colored Birth-place Denton

Occupation _____ Where Res. _____ not at place of _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name Alongz Boston Father's Birthplace Ind.

Mother's Maiden Name Amanda Friend Mother's Birthplace Ind.

Name of person giving information Alongz Boston How related to deceased Father

CAUSES OF DEATH

8

Primary Perhaps Whooping Cough How long 8-weeks

Immediate Enterocolitis How long 2 "

Are the name, age, sex, color, date and place correctly given above? yes

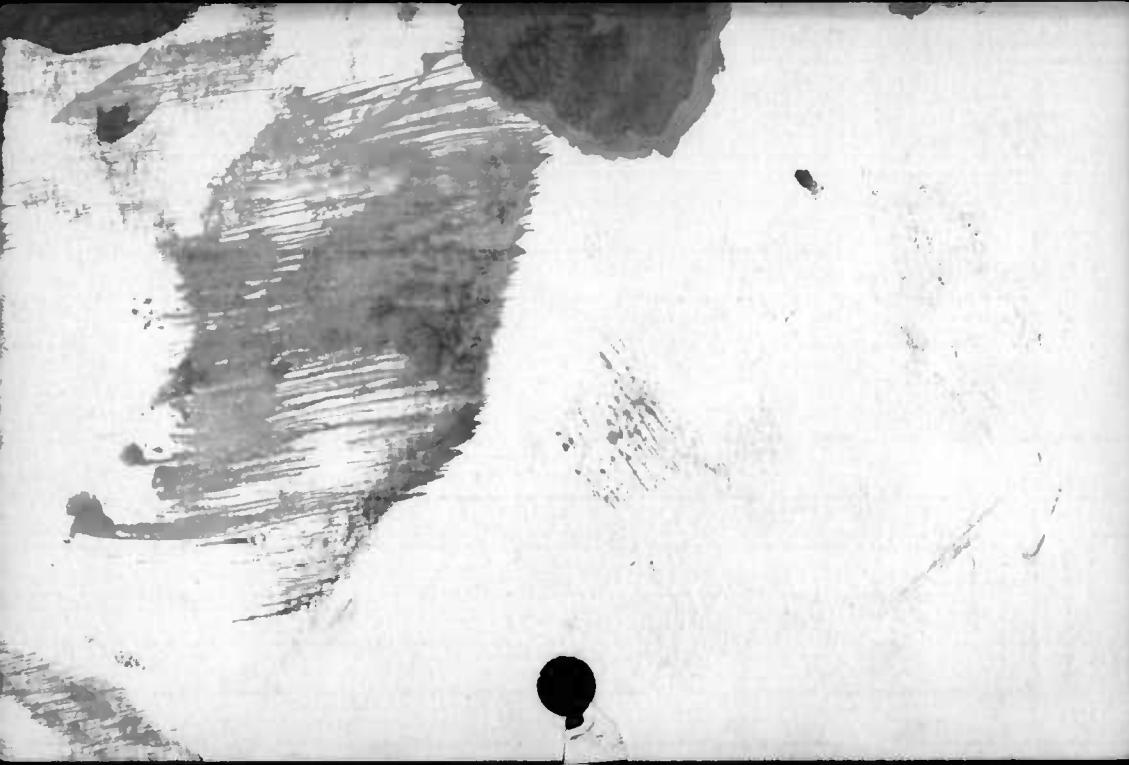
Signature of Physician G. W. Simmons

Address Denton Ind.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full

Certificate of Death

Died at

Date 19

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

MARYLAND

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Linn Bunnell.

Falmouth

Caroline

17 July 14

6

Caroline Co.

-

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

- Geo. Bunnell

Mother's

Mary Ellen Pratt

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Primary

Immediate

Fever

(104)

How long sick

Accident, Suicide, Homicide

Went to

Geo. F. Bunnell

Falmouth

LIBRARY BUREAU, 70008



Name
in
Full

Helen R Cannon

CERTIFICATE OF DEATH

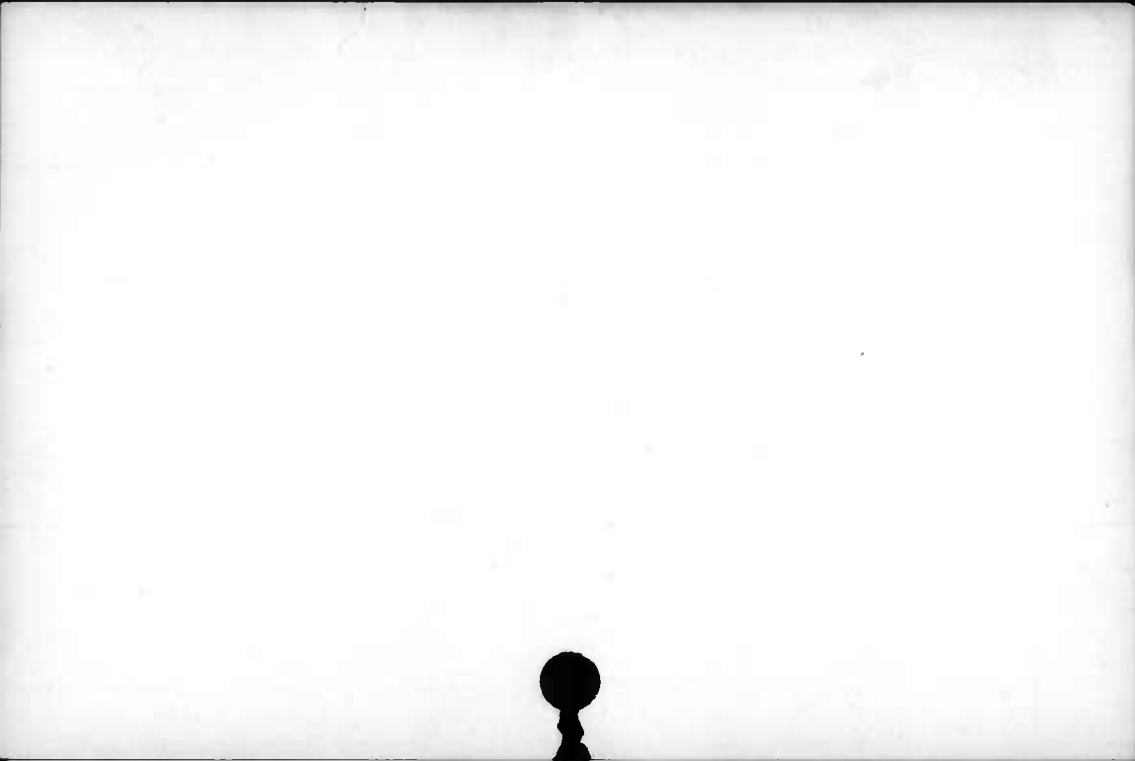
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Federalsburg		County Caroline		MARYLAND	
Date of death		1907	Month July	Day 17	Age Years	Months 3	Days
Sex female		Color or Race Black		Birth- place md			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		single		Name of Wife or Husband			
Father's Name		Chas C Cannon		Father's Birthplace		md	
Mother's Maiden Name		Minnie Waters		Mother's Birthplace		md	
Name of person giving In formation		Chas C Cannon		How related to deceased		father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	marasmus (179)	How long	3 months
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		R Kemp Jefferson	
Address		Federalsburg md	
Accident or Suicide?			



Name in Full

Certificate of Death

John W Cephas
 Town Preston County Caroline
 Died at Preston MARYLAND
 Date 1907 July 11 Age 20 - - Ind Laborer
 Male ~~White~~ Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of

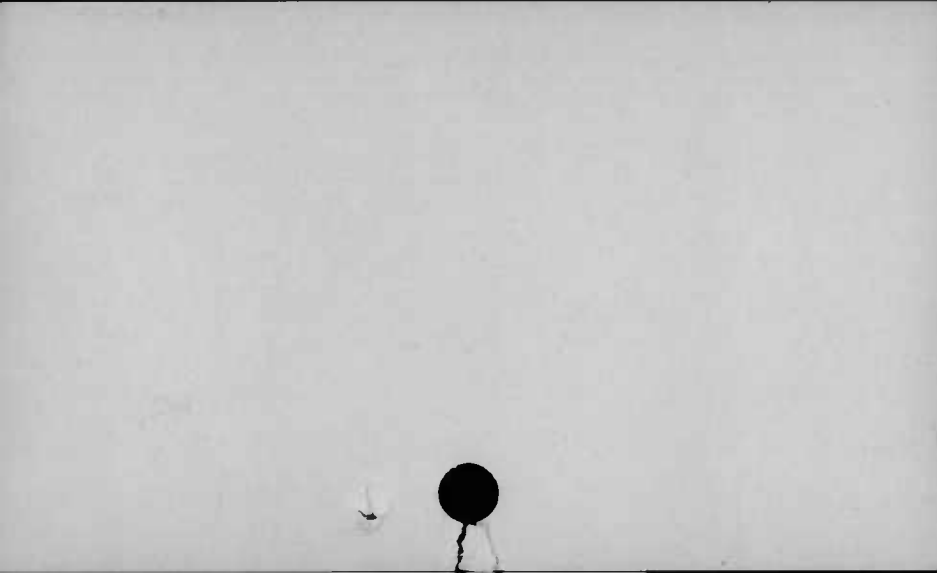
Wife

Father's Name Robt. Cephas Mother's Maiden Name Josephine Stanley

Cause of Death { Primary Immediate Drowning 172 How long sick Accident, ~~suicide~~, ~~Homicide~~

Reported by Chas B. Harrison, J.P. Acting Coroner
 Address Preston Md & Sub Registrar

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

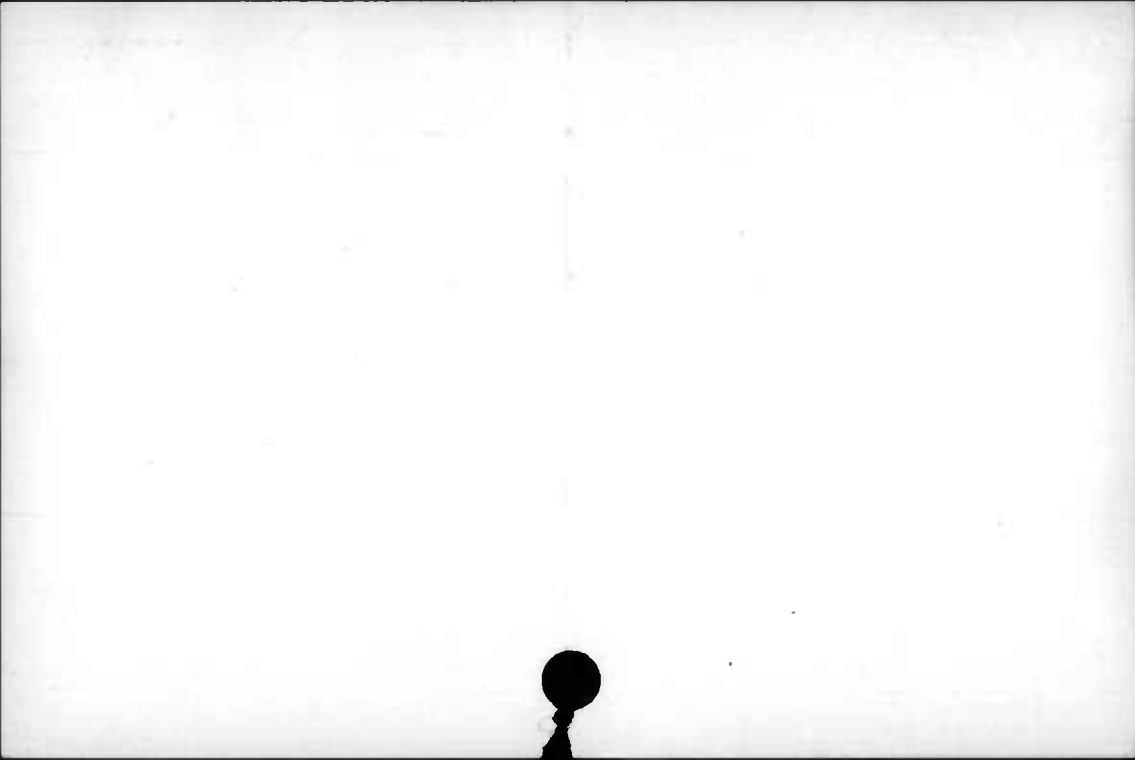
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Elizabeth Collins</i>		Town <i>Concord</i>		County <i>Caroline</i>		State <i>MARYLAND</i>	
Died at <i>Concord</i>		Month <i>July</i>		Day <i>15</i>		Years <i>64</i>	
Date of death <i>1902</i>		Month <i>July</i>		Day <i>15</i>		Years <i>64</i>	
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>md</i>			
Occupation <i>none</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband					
Father's Name <i>Josiah Collins</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Polly Collins</i>		Mother's Birthplace <i>md</i>					
Name of parson giving information <i>Harry Collins</i>		How related to deceased <i>nephew</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Septicaemia</i>	How long <i>20</i>	How long <i>2 weeks</i>
Immediate		
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Las H. Ward</i>	
	Address <i>Anderson town md</i>	
Accident or Suicide?		



Name
in
Full

Helen Frances Covey

CERTIFICATE OF DEATH

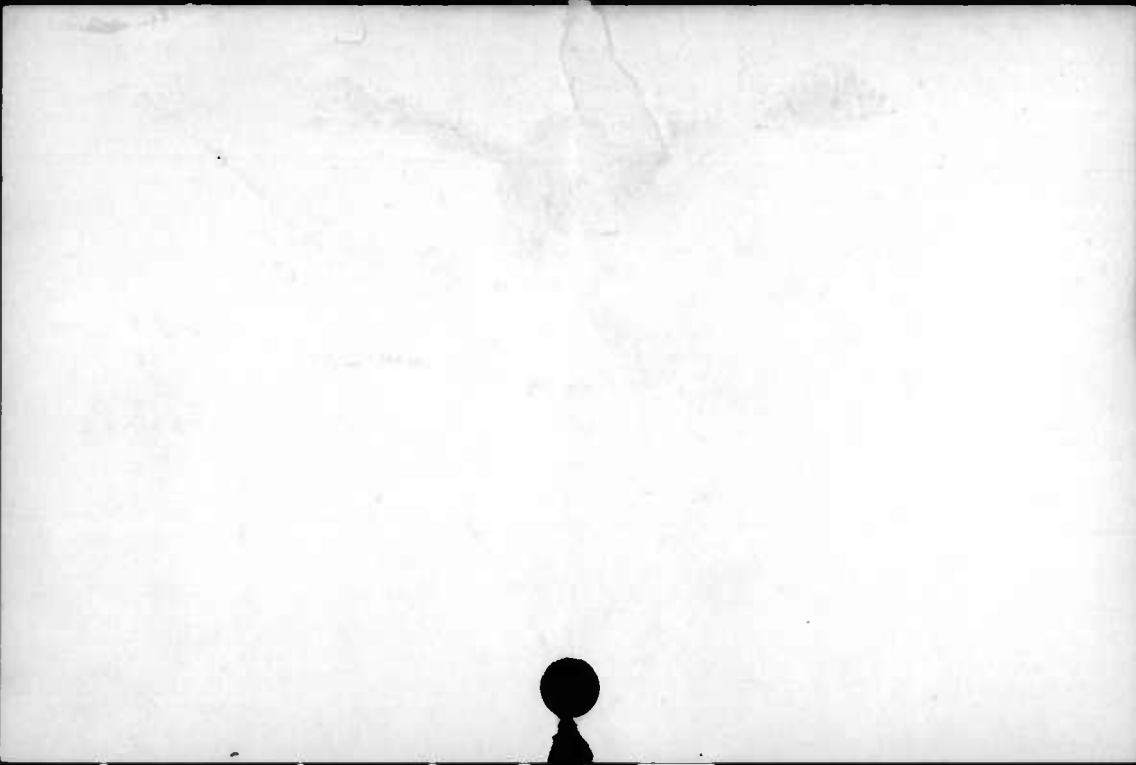
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New Hymson</i>		<i>Coraline</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i> <small>Month</small> <i>July</i> <small>Day</small> <i>28</i>	Age	<i>—</i> <small>Years</small>	<i>9</i> <small>Months</small>	<i>2</i> <small>Days</small>
Sex	<i>Female</i>	Color or Race	<i>W</i>	Birth-place	<i>Mo</i>
Occupation	<i>none</i>		Where Residing if not at place of death <i>same</i>		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband	<i>Single</i>		
Father's Name	<i>Walter J Covey</i>		Father's Birthplace	<i>Mo</i>	
Mother's Maiden Name	<i>Odella L. Nichols</i>		Mother's Birthplace	<i>Mo</i>	
Name of person giving information	<i>Walter J Covey</i>		How related to deceased	<i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>His heart</i>	How long	<i>6 days</i>
Immediate	<i>Intestinal Intoxication</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Raymond Dawes</i>	
<i>Ys</i>		Address <i>Preston</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

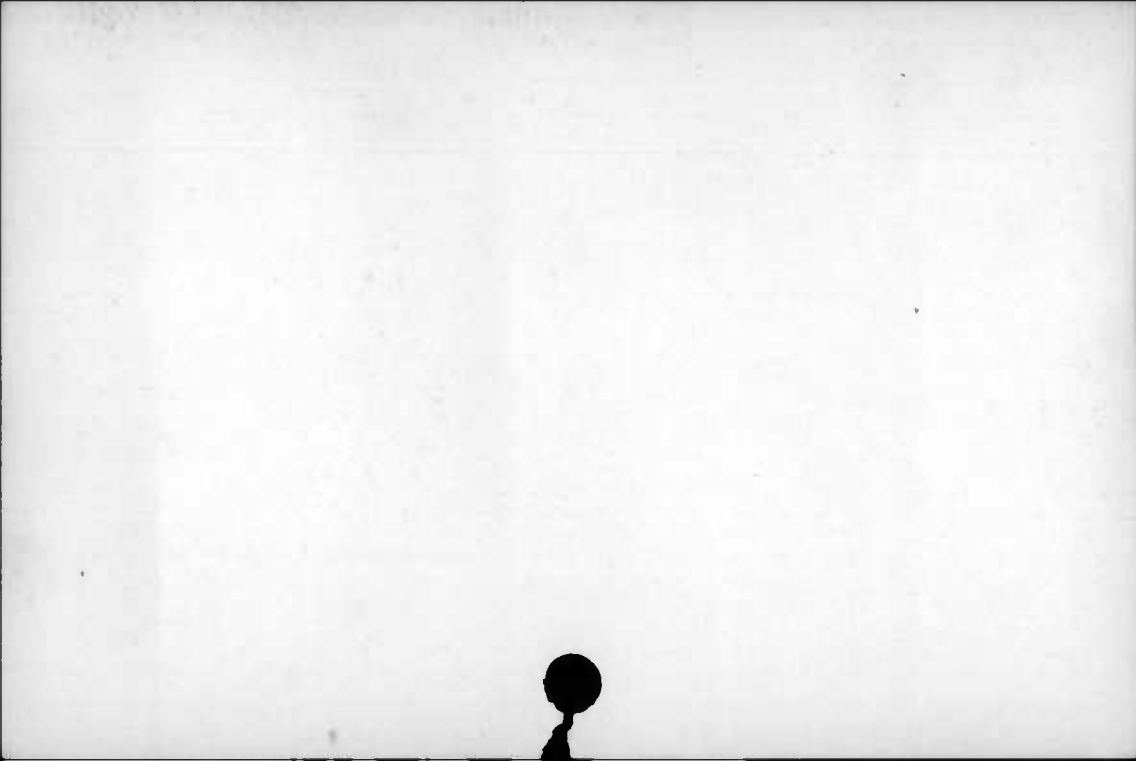
Name in Full <i>Margaret Cox</i>		Town <i>Greenboro</i>		County <i>Caroline</i>		MARYLAND	
Died at <i>Greenboro</i>		Date of death <i>1907 July 29</i>		Age <i>74</i>		Months <i>-</i> Days <i>-</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>MD.</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>near Greenboro -</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Wm Cox.</i>					
Father's Name <i>Abner Will</i>		Father's Birthplace <i>WV</i>					
Mother's Maiden Name <i>Nancy Huston</i>		Mother's Birthplace <i>WV</i>					
Name of person giving information <i>Chas Boyd</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

14

PHYSICIAN
OR CORONER

Primary <i>Valvular Insufficiency</i>	How long <i>2 years</i>
Immediate <i>Dysentery</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Forrest W. Allen</i>
<i>No</i>	Address <i>Greenboro - WV</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

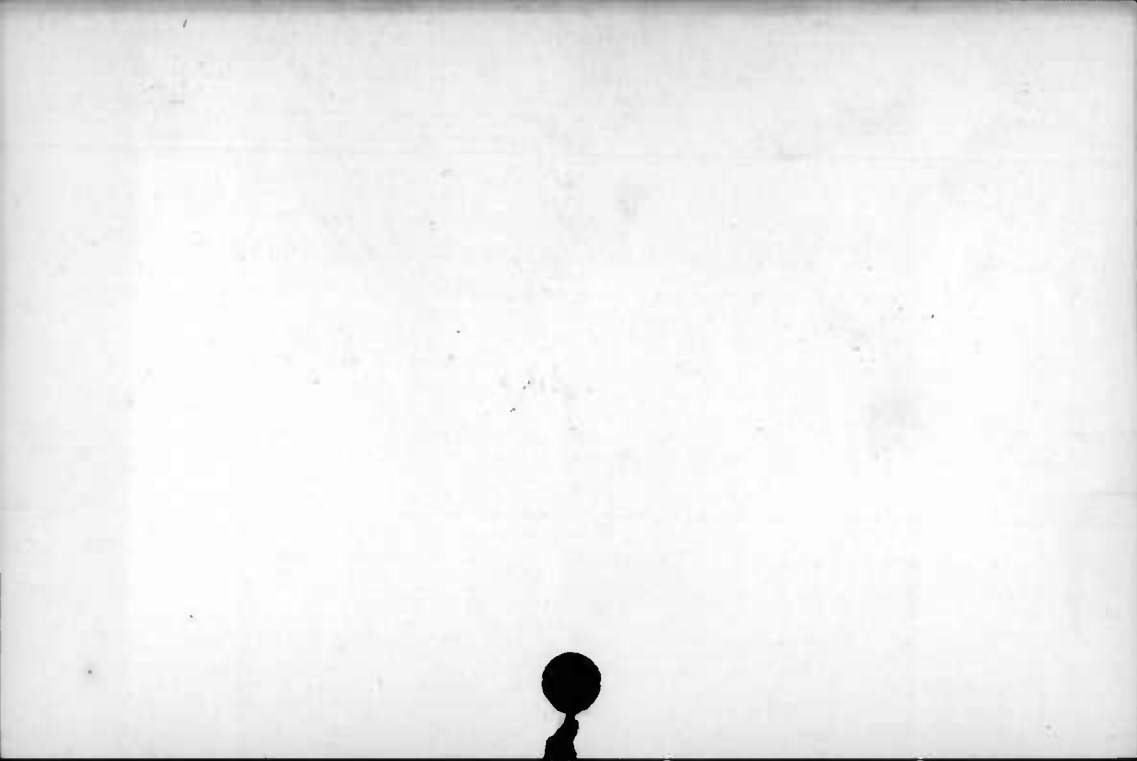
MARYLAND

Died at <i>Denton</i>		Town <i>Caroline</i>		County	
Date of death <i>1907</i>	Month <i>7</i>	Day <i>31</i>	Age <i>74</i>	Years	Months
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Penns</i>		
Occupation <i>Merchant</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Unknown</i>			
Father's Name <i>Wm. L. Linn</i>			Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Mrs. Linn</i>			Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>A. J. Reschman</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart Disease</i>	(79)	How long
Immediate <i>Heart Disease</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. N. Nichols</i>	
	Address <i>Denton Md.</i>	
Accident or Suicide? <input type="checkbox"/>		



Name
in
Full

CERTIFICATE OF DEATH

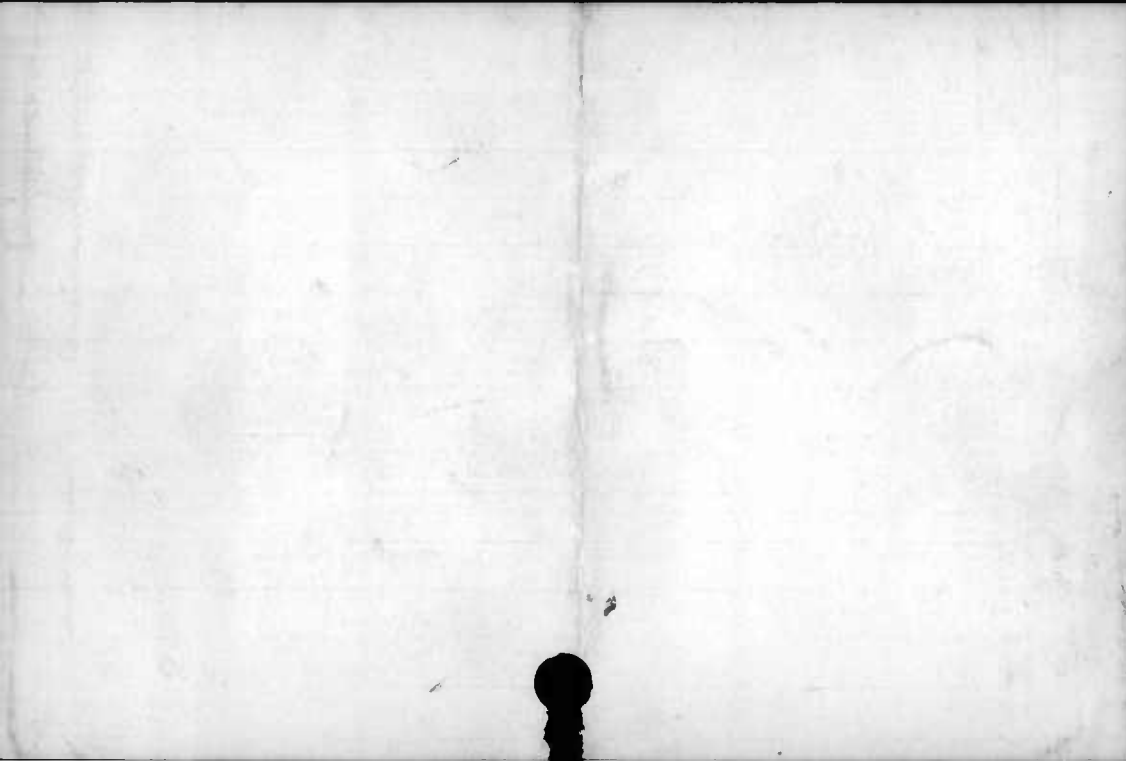
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Goldboro</i> Town		<i>Caroline</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>7</i>	Day <i>12</i>	Age Years <i>47</i>	Months <i>3</i>	Days <i>6</i>
Sex <i>Female</i>	Color or Race <i>Black</i>			Birth-place <i>Maryland</i>	
Occupation <i>Housewife</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>William Green</i>			
Father's Name <i>Joseph Sparks</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Caroline Sewell</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Maggie Johnson</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

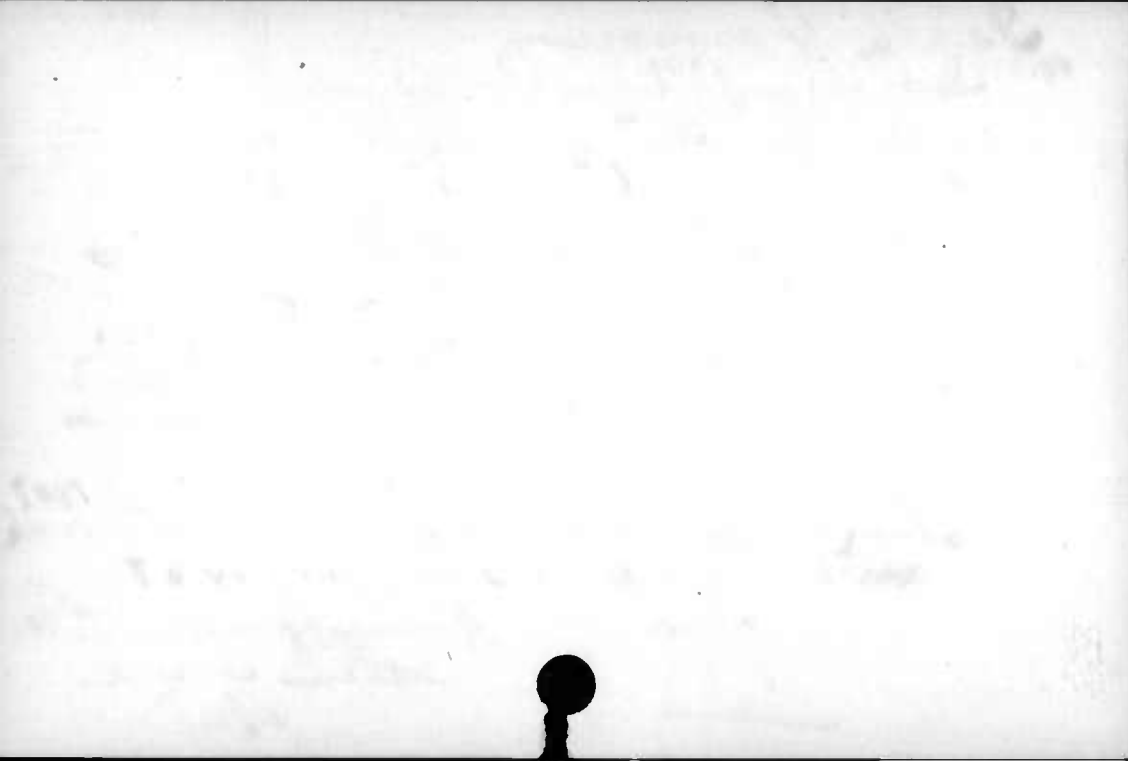
Primary <i>Angina Pectoris</i>	How long <i>8 months</i>
Immediate <i>Neuralgia of Heart</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Geo. W. Betts M.D.</i>
	Address <i>Greensboro N.C.</i>
Accident or Suicide?	<i>M.D.</i>



Name in Full		Elizabeth H. Hubbones				CERTIFICATE OF DEATH	
		Died at <i>Denton</i> <small>Town</small>		<i>Caroline</i> <small>County</small>		MARYLAND	
		Date of death <i>1907</i> <small>Month</small> <i>July</i> <small>Day</small> <i>15</i> <small>Age</small> <i>70</i> <small>Years</small>				<i>Months</i> <small>Days</small>	
		Sex <i>Female</i> <small>Color or Race</small> <i>White</i>		<i>Virginia</i> <small>Birth-place</small>			
		Occupation <i>Housekeeper</i>		Where Residing if not at place of death <i>Denton</i> <small>Place</small>			
		Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>John Wesley Hubbard</i>			
		Father's Name <i>William Semer</i>		Father's Birthplace <i>Carroll County</i>			
		Mother's Maiden Name <i>Sarah Crockett</i>		Mother's Birthplace <i>England</i>			
		Name of person giving information <i>Mrs. Ida Jones</i>		How related to deceased <i>Daughter</i>			
		CAUSES OF DEATH					
		Primary <i>Heart Disease</i>		<i>79</i>		How long <i>several years</i>	
		Immediate <i>of heart</i>				How long <i>shortly</i>	
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. George W. H.</i>			
				Address <i>Denton Md.</i>			
		Accident or Suicide?					

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Date

of death 1907

Month

7

Day

25

Age

Years

24

Months

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Coralie Co.

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
HusbandAndrew
Clarence HarmonFather's
Name

James Adams

Father's
Birthplace

Md.

Mother's
Maiden Name

Mary Stouford

Mother's
Birthplace

Md.

Name of person giving
Information

Husbert

How related
to deceased

—

CAUSES OF DEATH

30

Primary

Lymph Abscess

How long

Since March 1907

Immediate

Did not suffer since May 14.07

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Rofley Hackett
Luben Ave
Md.

Accident or Suicide?

—

Arrived July 27 at
Bell Chappel

W H L

of

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Lida Jester

Town *near Fowling Creek* County *Caroline*

Died at *near Fowling Creek*

Date of death *1907* Month *July* Day *23* Age *47* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Maryland*

Occupation *Housewife* Where Residing if not at place of death *—*

Married, Single or Widowed *married* Name of Wife or Husband *J. Frank Jester*

Father's Name *Donk K. Wood* Father's Birthplace *Donk K. Wood*

Mother's Maiden Name *Donk K. Wood* Mother's Birthplace *Donk K. Wood*

Name of person giving information *Ira Fleckharter* How related to deceased *son-in-law*

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary *Gastric Tumor* How long *Four weeks*

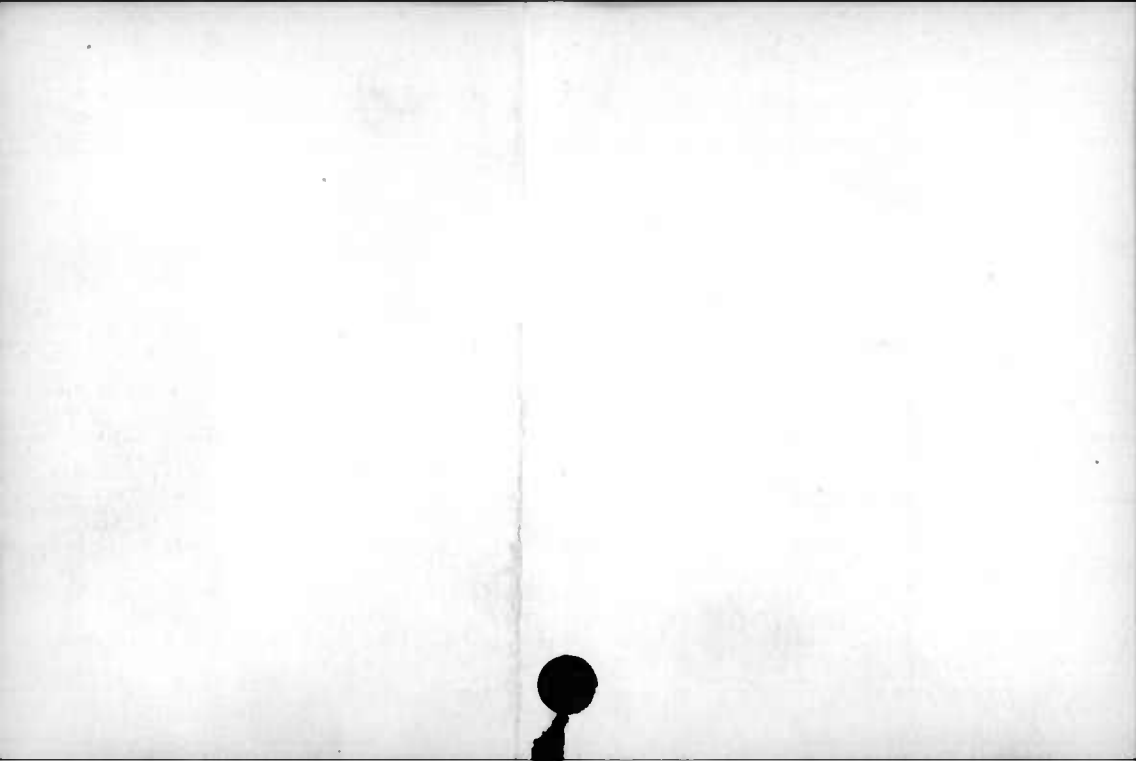
Immediate *Gonorrhea* How long *Five weeks*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. L. Roble*

Address *Boston Md.*

Accident or Suicide? *—*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ridgely</i> Town		County <i>Caroline</i>		MARYLAND	
Date of death	<i>1907</i> Month <i>July</i>	Day <i>11</i>	Age <i>—</i> Years	Months <i>—</i>	Days <i>4</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ridgely</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>Ridgely</i>		
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Herbert S Jones</i>			Father's Birthplace <i>Centreville</i>		
Mother's Maiden Name <i>Rena R Moore</i>			Mother's Birthplace <i>Centreville</i>		
Name of person giving information <i>John D. Jones</i>			How related to deceased <i>Uncle</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Inanition</i>	How long <i>4 days</i>
Immediate	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. C. Madara</i>
	Address <i>Ridgely</i>
	<i>Caroline Co. Md</i>
Accident or Suicide? <i>—</i>	

~~Centinella~~

Name
in
Full

Larrimore (Infant)
Caroline

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} near Harmoung ^{County} Caroline **MARYLAND**

Date of death 1907 ^{Month} July ^{Day} 9th Age — ^{Years} — ^{Months} 2 ^{Days} —

Sex Female Color or Race White Birth-place Md

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Harry Larrimore Father's Birthplace Md

Mother's Maiden Name Ella Fisher Mother's Birthplace Unknown

Name of person giving information J. F. Sharp How related to deceased Neighbor

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Unknown How long 1 day

Immediate Unknown How long 1 day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Chas B. Harrison
Address Acting Coroner
Preston Md

Accident or Suicide? —



Name
in
Full

Elizabeth Lawless

CERTIFICATE OF DEATH

Died at ^{Town} Hickman ^{County} Caroline MARYLAND

Date of death 1907 7 31 Age 1 Years 3 Months Days

Sex Female Color or Race White Birth-place Philadelphia

Occupation None Where Residing if not at place of death Same

Married, Single or Widowed Name of Wife or Husband

Father's Name J. B. Lawless Father's Birthplace Md

Mother's Maiden Name Elizabeth Brown Mother's Birthplace Md

Name of person giving information J. Lawless How related to deceased Father

CAUSES OF DEATH

Primary Dysentery (14) How long Two Weeks

Immediate Same How long

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician P. B. Hinkle

Address Hinton

Accident or Suicide? No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Gottfried Margnart		Caroline		MARYLAND	
Died at ^{Town} Preston		^{County}			
Date of death	1907	Month	July	Day	30
Age		Years	—	Months	1
Sex		Male	Color or Race	White	Birth-place
Occupation		Md			
Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	August Margnart			Father's Birthplace	Germany
Mother's Maiden Name	Amelia Schroder			Mother's Birthplace	Germany
Name of person giving information	August Margnart			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cholera Infantum	How long	105	3 days
Immediate				
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. Raymond Downes	
		Address	Preston, Md	
Accident or Suicide?				



Name
In
Full

CERTIFICATE OF DEATH

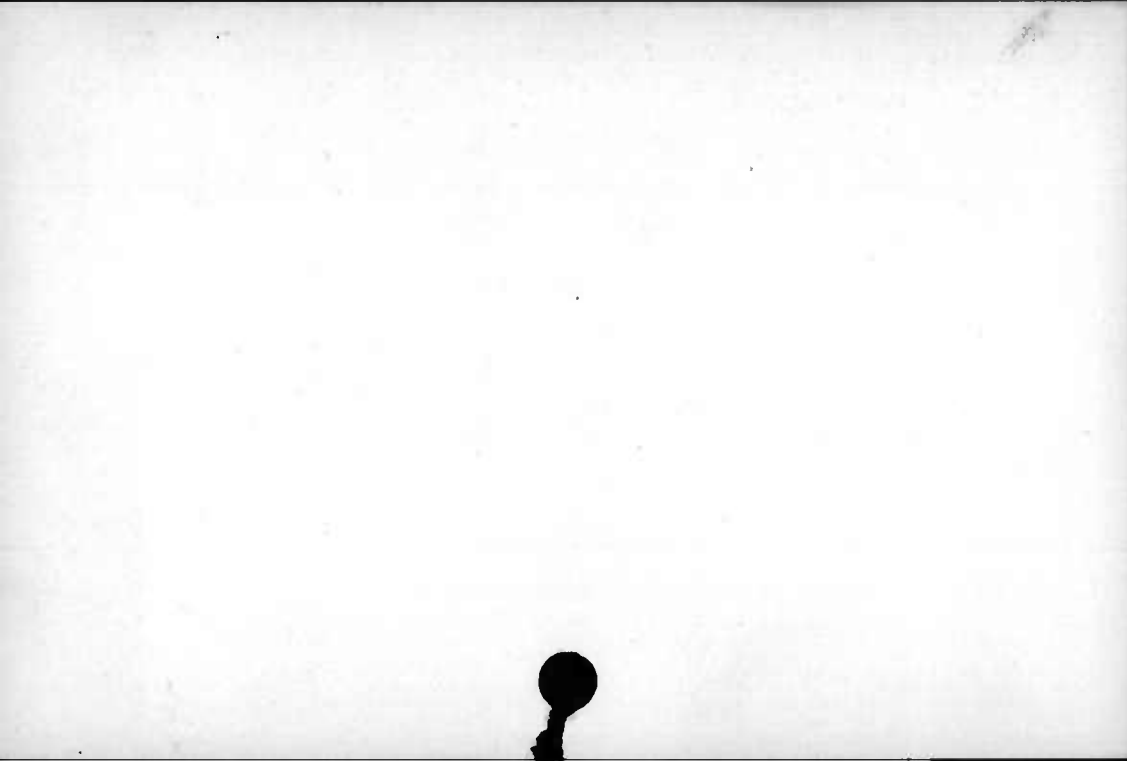
TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died <i>John H. Miners</i>		Town <i>Hillabro</i>		County <i>Caroline</i>			
Date of death <i>1907</i>		Month <i>July</i>		Day <i>16</i>		Age <i>74</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Richmond, Va.</i>		Months <i>3</i> Days <i>16</i>	
Occupation <i>Farm-work</i>		Where Residing if not at place of death <i>-</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Sarah Miners</i>					
Father's Name <i>John Miners</i>		Father's Birthplace <i>Dont 1 Cus.</i>					
Mother's Maiden Name <i>Lucinda (?) Miners</i>		Mother's Birthplace <i>Dont 1 Cus.</i>					
Name of person giving information <i>Bessie Brooks</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Complication of illness</i>	(179)	How long <i>Several months</i>
	Immediate <i>Heart failure</i>		How long <i>-</i>
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. W. C. Power, M.D.</i>
	Accident or Suicide? <i>no</i>		Address <i>Hillabro, Md.</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mable R Simpson*

Died at *Ridgely* *Town* *Caroline* County *MARYLAND*

Date of death *1907* *7* Month *25* Day *2* Years *3* Months *—* Days

Sex *Female* Color or Race *Black* Birth-place *Ind.*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Wm H. Simpson* Father's Birthplace *Ind*

Mother's Maiden Name *Iida Tolmer* Mother's Birthplace *"*

Name of person giving information *Wm H. Simpson* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Whooping Cough* How long *One month*

Immediate *Complications* How long *One day*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. N. Bishop, Jr.*

Address *Ridgely, Ind.*

Accident or Suicide? *—*

Hampton

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Kate Willis</i>		Town <i>Federalburg</i>		County <i>Caroline</i>		State <i>MARYLAND</i>	
Died at <i>14</i>		Month <i>July</i>		Day <i>3</i>		Age <i>52</i>	
Date of death <i>1907</i>		Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>md</i>	
Occupation <i>housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>widow</i>		Name of Wife or Husband <i>Lemuel Willis</i>					
Father's Name <i>unknown</i>		Father's Birthplace <i>unknown</i>					
Mother's Maiden Name <i>unknown</i>		Mother's Birthplace <i>unknown</i>					
Name of person giving information <i>Harvey Mac Mahan</i>		How related to deceased <i>son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart Disease</i>	How long <i>6 months</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R Kemp Jefferson</i>
	Address <i>Federalburg md</i>
Accident or Suicide?	

